



**CALIFORNIA DEPARTMENT OF FORESTRY AND FIRE PROTECTION  
OFFICE OF THE STATE FIRE MARSHAL  
FIRE ENGINEERING DIVISION  
AUTOMATIC EXTINGUISHING SYSTEMS PROGRAM  
APPRENTICE/TRAINEE REGISTRATION APPLICATION**

**SECTION I: CHECK APPLICABLE BOX**

- ☐ \$150.00      Apprentice Registration
- ☐ \$150.00      Trainee Registration

**SECTION II: GENERAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Drivers' License Number: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION III: EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ CSLB License Number: \_\_\_\_\_

**SECTION IV: SUBMISSION**

The Office of the State Fire Marshal (OSFM) only accepts checks and money orders as method of payment.

Please make check/money order payable to "CAL FIRE-OSFM" and mail along with a completed application and supporting documentation to:

**CAL FIRE-Office of the State Fire Marshal  
Cashiers Unit / AES Program  
P.O. Box 997446  
Sacramento, CA 95899-7446**

**For Departmental Use Only**  
PCA 59422  
Index 5942  
Source Code 125700-11



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**SECTION V: PERJURY STATEMENT**

I, \_\_\_\_\_, understand that false statements or misrepresentation of any information on this application will be grounds for denial of the Registration for which I am applying.

I hereby release the Office of the State Fire Marshal from any liability or damage that may result from providing the information included in this application, or as a result of participation in this program.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn before me the \_\_\_\_\_ day of the month of \_\_\_\_\_ the calendar year \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Printed Name of Notary Public**

Complete address and contact information of Notary Public:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEAL OF THE NOTARY PUBLIC



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## Instructions for Completing the Apprentice/Trainee Registration Application (Form AES 1005A)

Section	Instruction
<b>I. Check Applicable Box</b>	
Check the box to indicate if the application is for an apprentice registration <b>OR</b> a trainee registration. (Only check one)	
<b>II. General Information</b>	
Name	Enter the full name of the applicant.
Address	Enter the mailing address of the applicant.
City	Enter the city of the applicant's address. Do not abbreviate.
State	Enter the state of the applicant's address.
Zip	Enter the zip code of the applicant's address.
Telephone	Enter the complete telephone number of the applicant.
Driver License Number	Enter the complete CA driver license or CA identification card of the applicant.
Hair	Enter the hair color of the applicant.
Eyes	Enter the eye color of the applicant.
Height	Enter the height of the applicant.
Weight	Enter the weight of the applicant.
Date of Birth	Enter the complete date of birth of the applicant.
Email Address	Enter the complete email address of the applicant.
<b>III. Employer Information</b>	
Name	Enter the name of the applicant's employer.
Address	Enter the complete business address of the applicant's employer.
City	Enter the city of the applicant's employer's address.
State	Enter the state of the applicant's employer's address.
Zip	Enter the zip code of the applicant's employer's address.
Telephone	Enter the complete telephone number of the applicant's employer.
CSLB License Number	Enter the CSLB license number of the applicant's employer.
<b>V. Perjury Statement</b>	
Name	Print the full name of the applicant.
Printed Name	Print the full name of the applicant.
Signature	Signature of the applicant.



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Date	Enter the date the applicant signed this form.
Notary	This portion will be completed by the Notary Public. Leave this portion blank.

**Notary:** The application must be notarized by a notary public.

**Photo:** Please include a 2 x 2 inches (passport size) color photo with the application. Failure to include a photo may delay the issuance of a registration card.

**Supporting Documentation:** Apprentice applicants must provide proof of acceptance into a California or Federally-approved Fire Sprinkler Apprenticeship Program. Trainee applicants must provide proof of employment with a CSLB C-16 licensed company.

**Where to file:** The completed form along with the applicable fees and supporting documentation can be mailed to **CAL FIRE – Office of the State Fire Marshal, Cashiers Unit/AES Program, P.O. Box 997446, Sacramento, CA 95899-7446.**